

teams. The case manager may also, for example, accompany the child on pre-discharge visits to home or school, locate alternative housing and/or make face-to-face arrangements in the community to develop an interlocking crisis response system.

- c. The case manager directly assists the child and family to access services and resources needed to address the outcomes specified in the ISP, including crisis services. Such assistance may include advocating on the child's behalf, coaching and modeling specific behaviors and responses, and escorting the child and family to services and resources when needed to assure their access to and utilization of those services and resources.

4. Case Monitoring

- a. The case manager monitors the ISP, the delivery of services, and treatment progress and outcomes with child and family participation to determine the adequacy and sufficiency of services, goal attainment, need for additional assistance and continued appropriateness of services and goals.
- b. The case manager intervenes with the planning system, client system, and/or service delivery system to address problems discovered by monitoring.

5. Case Documentation

The case manager completes necessary documentation on all aspects of case management as it applies to individual clients, including case openings, assessments, plans, referrals, progress notes and contact records.

Time spent in case management activities may consist of in-person or other communication with the child and with all others involved or concerned with his or her care, compiling and completing necessary planning and other documentation, and travel to and from contacts and activities related specifically to the client. Records which will be maintained will be: progress notes, ITP with 30 day updates, tracking documents and discharge summaries.

E. Qualifications of Providers:

Case managers will be employed by the Missouri Division of Comprehensive Psychiatric Services (CPS) and by such other agencies as may be designated in the future by the Director of CPS. Each provider agency shall be enrolled as a Missouri Medicaid provider. All case managers must meet at least the minimum experience and training qualifications for the position of Clinical Casework Assistant I within the Division of Comprehensive Psychiatric Services, which are:

Graduation from an accredited four-year college or university with specialization in sociology, psychology, social work or closely related fields and at least three (3) years of full-time equivalent experience in working with children and families.

Case managers must be supervised by individuals who meet at least the following minimum experience and training qualifications:

Graduation from an accredited college or university with a master's degree in social work, psychology, counseling, psychiatric nursing or closely related field, who have at least two (2) years of full-time equivalent experience in the treatment and assessment of children.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902 (a) (23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

State Plan TN# 92-22
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Effective Date July 1, 1992
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

CASE MANAGEMENT SERVICES

7th 19
A. Target Group:

All Medicaid eligible individuals, 18 and over, suffering from chronic mental illness who have been discharged within the last thirty (30) days from an inpatient hospital for psychiatric treatment, or; who have had at least two (2) periods of inpatient hospitalization for psychiatric treatment within the last twelve (12) months, or; who are participating in the DMH supported community living program, or; have been conditionally released from a psychiatric facility; or meets the criteria for inpatient psychiatric hospitalization and will be diverted from inpatient hospitalization through use of intensive community-based treatment and service delivery alternatives, and; can be given a DSM III-R diagnosis excluding V codes and excluding primary diagnoses of mental retardation, developmental disabilities, or narcolepsy, or primary diagnosis of substance abuse.

B. Areas of the State in which services will be provided:

Entire State.

C. Comparability of Services:

Services are not comparable in amount, duration and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902(a) (10) (B) of the Act.

D. Definition of Services: Case management services:

Purpose: Case management services are intended to assist eligible individuals in gaining access to needed psychiatric treatment and rehabilitation, as well as other medical, social and educational services and supports. In order to assure comprehensive assistance, the responsibility for locating, coordinating and monitoring those services which are needed by each client is placed with a designated person or organization.

Substitute per letter dated 8/17/93 "

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Case management activities include:

1. Assessment of the individual's need for psychiatric treatment and rehabilitation, as well as other medical, social and educational services and supports.
 - a. Initially determining and documenting an applicant's need for individualized mental health treatment and rehabilitation services, including case management services. Also, informing and otherwise assisting the applicant or others responsible for the applicant during the assessment process.
 - b. Obtaining necessary releases; collecting records; preparing or arranging for and coordinating the development of, assessments to identify the comprehensive array of services supports needed.
 - c. Facilitating and participating in individual treatment plan (ITP) development, and ongoing review.
 - d. Interpreting the comprehensive assessment and ITP outcomes to the client and/or responsible others.
2. Case Coordination
 - a. Locating appropriate service providers and community resources to provide the services specified by the ITP and coordinating these services with other staff, collateral agencies and providers identified in the ITP.
 - b. Meeting with the client and his significant others on an ongoing basis to plan, promote, assist and assure the implementation of the ITP and guide and encourage their participation in strategies to address the prioritized outcomes identified in the ITP.

State Plan TN No. 93-6
Supersedes TN No. 92-24

Approval Date AUG 30 1993
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- c. Directly assisting the client to access the services specified by the ITP as well as any other services and resources needed to address the treatment and rehabilitation outcomes, including crisis services. Such assistance may include advocating on the client's behalf and escorting the client to services and resources when advocacy, escort or other guidance is necessary to assure the client's access to and utilization of those services and resources.

3. Case Monitoring

- a. Monitoring service delivery to assure implementation of the ITP and monitoring progress toward outcomes specified in the ITP.
- b. Monitoring service delivery to assure the client is afforded both his legal and constitutional rights.
- c. In response to negative monitoring findings, intervening with the planning system, client system and/or service delivery system to address the problems.

4. Case Documentation

Completing necessary documentation on all aspects of case management services as it applies to individual clients, including case openings, assessments, plans, referrals, progress notes, contacts, due process requirements, discharge planning and case closure.

5. Community Reintegration

Clients who have been institutionalized for long periods of time for psychiatric care face significant readjustment when they are able to return to the community. As they return to the community they experience increased stress, vulnerability and lack of confidence in their abilities and judgments. These needs are heightened when the individual was previously unknown to the service system or

when the period of institutionalization exceed thirty (30) days in duration. In order to effectively support these individuals in successful community reintegration and avoid institutional relapse, case management services must also include activities which will address these unique conditions. These include coordinating and arranging for the activities recommended in the discharge plan, coordinating those activities which will assist the client to return to safe and decent housing and gainful employment, to regain benefits, resources and supports, and to attend the treatment planning process to gain full understanding of the clients needs for case management services and to follow up on the regimen prescribed.

Time spent in case management activities may consist of in-person or other contacts with the client and all others involved or concerned with his/her care, compiling and completing necessary planning and other documentation, and travel to and from contacts and activities related specifically to the client. Service logs will be maintained which identify the recipient, the case manager, the date, units of service (15 minute increments) and place of service.

E. Qualifications of Providers:

Case managers will be employed by the Division of Comprehensive Psychiatric Services, and by such other agencies as may be designated by the Director of the Division of Comprehensive Psychiatric Services. All case managers must meet at least the following minimum experience and training. Relevant human service delivery experience can be substituted on a year for year basis for the four year degree.

Graduation from an accredited four-year college or university with specialization in sociology, psychology, social work or closely related fields or a graduate from an accredited four-year college or university with related work experience.

Case managers must be supervised by individuals who meet at least the following minimum experience and training qualifications:

Possession of a Master's Degree in psychology, nursing, social work or a closely related behavioral science.

or

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Graduation from an accredited four-year college or university with major specialization (24 semester hours) in social work; supplemented by two years of professionally supervised case work experience in clinical social work (one year of additional qualifying experience is required for applicants with specialization in sociology, psychology or closely related fields).

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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CITED RULE REFERENCE

40-81.035

Supp to Att. 3.1A, pg 191

Page 1

40-81.035 Medicaid Program Benefits for Human Organ and Bone Marrow Transplants and Related Medical Services

PURPOSE: The purpose of this rule is to establish, via regulation, the Department of Social Services' (DOSS) Division of Medical Services' (DMS) guidelines regarding Medicaid coverage and reimbursement for human organ or bone marrow transplants and related medical services. These policies will be administered by the Division of Medical Services with the assistance and guidance of its "Medical Review Committee".

(1) Through its Medicaid Program, DOSS/DMS will provide limited coverage and reimbursement for the transplantation of human organs or bone marrow and the related medical services, including, but not necessarily limited to, treatment and necessary post-operative care for the specific procedures defined in this rule and subject to the conditions and limitations as specified in this rule, as of the effective date of this rule.

(A) The recipient must be Medicaid-eligible on each date of service on which services are rendered.

(B) Medicaid shall be the payor of last resort and all other appropriate funding sources must be exhausted prior to obtaining Medicaid reimbursement.

(2) Conditions and Limitations

(A) The procedures of transplantation and the related medical services must be "prior authorized" by DOSS/DMS.

(B) Medicaid benefits may be provided for transplantation of the following:

1. Allogeneic bone marrow;
2. Cornea;
3. Heart;
4. Kidney; and
5. Liver.

(C) Each request for coverage will be handled on a case-by-case basis. A separate "Prior Authorization Request Form" must be submitted for each individual recipient.

(D) In order to be considered for approval, each proposed transplant case must meet all of the requirements of procedure and protocol specific to the service as defined by DOSS/DMS.

(E) Approved transplants can only be performed in a facility which submits documentation approved by DMS as complying with the following criteria:

1. The facility has available expertise on staff or under contract in immunology, infectious disease, pathology, pharmacology, anesthesiology and in the field applicable to the type of transplant being performed;

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State Missouri

- Surgical reconstruction for correction of congenital anomalies or visible disfigurement resulting from a traumatic injury.
- Reduction mammoplasty for alleviation of severe back pain.
- Prior authorization is also required for dietary supplement.

Program coverage is limited to heart, corneal (non-refractive keratoplasty), bone marrow (non-autologous), kidney, and liver transplants and related transplantation services. These services require prior authorization, and are subject to, but not limited to, the following limitations:

Liver Transplantation -

Covered for children (under age 18) with extrahepatic biliary atresia or any other form of end-stage liver disease, except that coverage is not provided for children with a malignancy extending beyond the margins of the liver or those with persistent viremia.

Allogeneic Bone Marrow Transplantation - Covered for:

1. For the treatment of leukemia or aplastic anemia when it is reasonable and necessary for the individual patient to receive this therapy.
2. For the treatment of severe combined immunodeficiency disease (SCID).
3. For the treatment of Wiskott - Aldrich syndrome.

Human Organ and Bone Marrow Transplants
and Related Transplantation Services -

For human organ or bone marrow transplants and related transplantation services as specified in this part, the State agency has written standards regarding the provision of these services and benefits available. These standards are included, and further incorporated by reference, in state rule 13 CSR 40-81.035. The standards are applied on a case-by-case basis in a manner which insures that individuals similarly situated receive similar treatment and that any restrictions imposed under the standards on the facilities and practitioners are consistent with the accessibility of high quality care to eligible individuals.

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2. Transplant surgeons trained in the applicable technique are on the staff or are otherwise available;

3. The facility has adequate services to provide specialized psychosocial and social support for patients and families;

4. Adequate blood bank support services are present and available;

5. Satisfactory arrangements exist for donor procurement services;

6. The facility has a consistent, equitable and practical "Protocol for the Selection of Transplant Recipients" -- and such protocol has been approved by DMS' "Medical Review Committee".

7. The facility has the capacity and commitment to conduct a systematic evaluation of outcome and cost with regard to transplant procedures;

8. The facility provides for renal dialysis and has an active dialysis service;

9. The facility has access to staff with extensive skills in tissue typing, immunological and immunosuppressive techniques; and

10. The facility has been approved by the Missouri State Health Planning and Development Agency (SHPDA) to perform the specific transplant surgery being considered. This approval may be in the form of a Certificate of Need (CON) or a letter from SHPDA indicating that a Certificate of Need is not required (NOTE: If the facility is an out-of-state provider, the rules of the facility's home state regarding Certificates of Need will be followed).

(F) All providers of transplantation and related services must sign a "Missouri Medicaid Provider Participation Agreement" in order to receive reimbursement.

(G) Those facilities seeking certification as a Medicaid-approved kidney transplant center need to furnish a copy of their current Medicare certification indicating active participation in the "Medicare Renal Transplant Program". Those facilities wishing to qualify as a Medicaid-approved cornea transplant facility need to meet the facility criteria identified in paragraphs (2)(E)1., 2., 3., 5., 6., 8. and 10. of this section.

(H) In the case of a medical emergency, submittal of the required documentation may be waived for a period of ninety (90) days. During that period, the facility must submit the appropriate documentation as described in subsections (2)(E), (2)(I), (3)(A) and (3)(C) -- and they shall be financially "at risk" regarding state approval for any transplant related services rendered prior to the approval of their application.

(I) The facility must submit medical documentation that verifies that the transplant candidate meets the patient criteria described in its "Protocol for Transplantation Cases".

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